

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesNational Association of Insurance and Financial Advisors Political Action Commit-  
tee

ADDRESS (number and street)

2901 Telestar Court

☐Check if different  
than previously  
reported. (ACC)

Falls Church

VA

22042

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005249

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2006

through

04

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Peter C. Browne

Signature of Treasurer

Electronically Filed by Peter C. Browne

Date

05

16

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		537428.48
(b) Cash on Hand at Beginning of Reporting Period .....	479136.52	
(c) Total Receipts (from Line 19) .....	58348.06	287243.14
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	537484.58	824671.62
7. Total Disbursements (from Line 31) .....	75942.46	363129.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	461542.12	461542.12
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	51968.72	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 4D D  
3 0Y Y Y Y  
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11900.00	62809.25
(i) Itemized (use Schedule A) .....	46448.06	221933.89
(ii) Unitemized .....	58348.06	284743.14
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	58348.06	284743.14
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	58348.06	287243.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	58348.06	287243.14

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		392.46	89494.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		392.46	89494.50
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		75500.00	273250.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		50.00	385.00
(b) Political Party Committees .....		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		50.00	385.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		75942.46	363129.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		75942.46	363129.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	58348.06	284743.14
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	385.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58298.06	284358.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	392.46	89494.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	392.46	89494.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Michael J. Ables, LUTCF

Mailing Address PO Box 2205

City State Zip Code  
 Avila Beach CA 93424-2205

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1610980

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Paul Adams

Mailing Address 5101 Missy Maric Lane

City State Zip Code  
 Las Vegas NV 89130

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1608629

Amount of Each Receipt this Period

72.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Thom E. Beasley

Mailing Address 1103 Dove Rd.

City State Zip Code  
 Jonesboro AR 72401-5270

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611085

Amount of Each Receipt this Period

81.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

258.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kent A. Bennett, LUTCF, CEP

Mailing Address 280 Hollow Road

City State Zip Code  
Muncy PA 17756

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611987

Amount of Each Receipt this Period

87.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. David B. Bianchi, CLU

Mailing Address 1125 Beldon Way

City State Zip Code  
Reno NV 89503-3164

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611205

Amount of Each Receipt this Period

60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Ronald D. Brant, CLU, LUTCF

Mailing Address 10234 Hoffman

City State Zip Code  
Maybee MI 48159-9777

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611738

Amount of Each Receipt this Period

105.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

252.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Marc A. Bregman  
Mailing Address 2063 Providence Way

City State Zip Code  
Lodi CA 95242

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: R1612323

Amount of Each Receipt this Period

500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Guy J. Brickman  
Mailing Address 12040 Piccadilly PI

City State Zip Code  
Davie FL 33325-5231

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 6

Transaction ID: R1612476

Amount of Each Receipt this Period

250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. C. Robert Brown, Sr., CLU, L  
Mailing Address 8675 WestCott

City State Zip Code  
Germantown TN 38138-7738

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1609850

Amount of Each Receipt this Period

62.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

812.50

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Michael O. Brown, LUTCF

Mailing Address 6512 Nell 3

City State Zip Code  
 Edmond OK 73013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611501

Amount of Each Receipt this Period

60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. James A. Buchan, CLU, ChFC

Mailing Address 5716 W. Orlando Circle

City State Zip Code  
 Broken Arrow OK 74011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611218

Amount of Each Receipt this Period

60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Mark A. Chandik, CLU, ChFC

Mailing Address 42 Ritz Cove Drive

City State Zip Code  
 Dana Point CA 92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1610324

Amount of Each Receipt this Period

208.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

328.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Thomas R. Clark, CLU, ChFC

Mailing Address 1603 22nd St Ste 202

City

West Des Moines

State

IA

Zip Code

50266-1410

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611492

Amount of Each Receipt this Period

60.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Sam J. Cunningham, CLU, ChFC,

Mailing Address 190 Lily Ln

City

Greenbank

State

WA

Zip Code

98253-6203

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 6

Transaction ID: R1612460

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

**C.** Mr. Vincent M. D'Addona, CLU, ChFC

Mailing Address 141 Greenway Road

City

Lido Beach

State

NY

Zip Code

11561-4828

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611626

Amount of Each Receipt this Period

85.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

645.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Joseph L. Davis, CLU, ChFC,

Mailing Address 1420 Primrose Road N.W.

City State Zip Code  
 Washington DC 20012-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611529

Amount of Each Receipt this Period

135.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Paul R. Decker, CLU, ChFC

Mailing Address Box 1832

City State Zip Code  
 Idaho Falls ID 83403-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611761

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Joseph M. Dipaola

Mailing Address 7440 S. Wolfe St.

City State Zip Code  
 Littleton CO 80128-2521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

Transaction ID: R1612143

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional) .....

435.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey C. Dollarhide, CFP, CLU  
Mailing Address 9646 E Laurel Lane

City State Zip Code  
Scottsdale AZ 85260-5956

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 6

Transaction ID: R1612035

Amount of Each Receipt this Period

600.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lyle Domenitz  
Mailing Address 8720 Maggie Ave

City State Zip Code  
Las Vegas NV 89143

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1608827

Amount of Each Receipt this Period

50.40

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Matthew Edelstein, CLU, ChFC  
Mailing Address 34158 Lavender Circle

City State Zip Code  
Grayslake IL 60030

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1608705

Amount of Each Receipt this Period

8.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

658.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Sol Edelstein, LUTCF

Mailing Address 2706 Avenue N

City State Zip Code  
 Brooklyn NY 11210-5319

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 7 / 2 0 0 6

Transaction ID: R1612219

Amount of Each Receipt this Period

250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)

Mr. Donald A. Eichelberger

Mailing Address 3217 Highway D65

City State Zip Code  
 Dysart IA 52224-9750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611923

Amount of Each Receipt this Period

50.40

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. M. Jay Einstein, CLU

Mailing Address 59 Margarete Dr.

City State Zip Code  
 Pittsgrove NJ 08318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611350

Amount of Each Receipt this Period

72.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

372.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Byron Hyatt Erstad, Jr.

Mailing Address 2510 S Nantucket Way

City State Zip Code  
Boise ID 83706-5095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611488

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Joseph S. Fejes, LUTCF

Mailing Address 4111 Turnberry Dr

City State Zip Code  
Champaign IL 61822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 6

Transaction ID: R1612377

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. H. Larry Fortenberry, CPA, CLU, Ch

Mailing Address 603 Gordon Pl

City State Zip Code  
Madison MS 39110-9799

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611371

Amount of Each Receipt this Period

52.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

352.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Lawrence J. Fowler, Jr.

Mailing Address 481 Route 82

City State Zip Code  
 Oakdale CT 06370-1149

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611389

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Thomas E. Fowler, CLU, LUTCF

Mailing Address 13243 S.E. 51st Place

City State Zip Code  
 Bellevue WA 98006

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611159

Amount of Each Receipt this Period

107.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Peter Fulchiron, CLU, LUTCF

Mailing Address 411 San Andreas Drive

City State Zip Code  
 Novato CA 94945-1237

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611994

Amount of Each Receipt this Period

208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

420.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Jason M. Garman Mailing Address 1103 Bear Cub Ct. City Henderson State NV Zip Code 89012 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.60		Date of Receipt MM / DD / YYYY 04 / 10 / 2006 <b>Transaction ID:</b> R1608686 Amount of Each Receipt this Period 50.40 Payroll Deduction
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Thomas M. Hawco, CLU, ChFC Mailing Address 900 Rockhurst Drive City Lincoln State NE Zip Code 68510-4114 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 04 / 10 / 2006 <b>Transaction ID:</b> R1611632 Amount of Each Receipt this Period 62.50 Payroll Deduction
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Terry K. Headley, LUTCF, LIC Mailing Address 20704 Meadow Ridge Dr. City Springfield State NE Zip Code 68059 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 832.00		Date of Receipt MM / DD / YYYY 04 / 10 / 2006 <b>Transaction ID:</b> R1610058 Amount of Each Receipt this Period 208.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

320.90

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Joseph A. Herkert, LUTCF

Mailing Address P.O. BOX 749

City

CEDARBURG

State

WI

Zip Code

53012-0749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611401

Amount of Each Receipt this Period

51.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Robert J. Hollander, LUTCF

Mailing Address 904 Rockhurst Dr.

City

Lincoln

State

NE

Zip Code

68510-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1610596

Amount of Each Receipt this Period

105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Richard L. Hoover, LUTCF, RIA

Mailing Address 2920 S. Jones Blvd., #110

City

Las Vegas

State

NV

Zip Code

89146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1610555

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

206.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. April L. Howard Mailing Address 3386 Williamsburg City State Zip Code Boise ID 83706-5320 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.60		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> R1611101 Amount of Each Receipt this Period 50.40 Payroll Deduction
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jerry E. Jensen, LUTCF Mailing Address 190 So. 800 W. City State Zip Code Blackfoot ID 83221-6132 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.60		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> R1610322 Amount of Each Receipt this Period 50.40 Payroll Deduction
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Terry M. Kaltenbach, CLU, ChFC Mailing Address 1358 Ahlrich Ave City State Zip Code Encintas CA 92024-4029 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> R1611187 Amount of Each Receipt this Period 125.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

225.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roy W. Kern, LUTCF, CLTC  
Mailing Address 3775 West Randall Road

City State Zip Code  
Springfield MO 65810

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611740

Amount of Each Receipt this Period

60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth E. Knox, CLU, ChFC  
Mailing Address Unit 9, 10 East St

City State Zip Code  
Providence RI 02906-3069

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611440

Amount of Each Receipt this Period

50.40

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lance B. Kolbet, RHU, LUTCF  
Mailing Address 4632 Mountain Park Rd.

City State Zip Code  
Pocatello ID 83202

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611561

Amount of Each Receipt this Period

72.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

182.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David M. Koll, LUTCF, CLT

Mailing Address 1612 S. 152nd Street

City State Zip Code  
 Omaha NE 68144-5121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611002

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Richard A. Koob, CLU, ChFC,

Mailing Address 301 Frederick Street

City State Zip Code  
 Waukesha WI 53186-8116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611228

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Ms. Iris H. Kuwaye

Mailing Address 9 Lei St.

City State Zip Code  
 Hilo HI 96720-4202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 4 / 2 0 0 6

Transaction ID: R1612406

Amount of Each Receipt this Period

500.00

Credit Card

SUBTOTAL of Receipts This Page (optional) .....

655.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Thomas R. Laster, RHU

Mailing Address 1713 Elmhurst Ave

City State Zip Code  
 Nichols Hills OK 73120

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611862

Amount of Each Receipt this Period

50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Daniel L. Lawrence

Mailing Address 5553 Peters Drive

City State Zip Code  
 West Bend WI 53095

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1610318

Amount of Each Receipt this Period

51.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Larry R. Lee, CLU, ChFC

Mailing Address 25106 Cineria

City State Zip Code  
 Lake Forest CA 92630-3307

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 6

Transaction ID: R1612089

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional) .....

601.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence E. Lounds  
Mailing Address 2477 Valley Oaks Circle

City State Zip Code  
Flint MI 48532

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611952

Amount of Each Receipt this Period

105.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Leonard Martin, CSA  
Mailing Address 98 Tennyson Rd

City State Zip Code  
Warwick RI 02888

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1610927

Amount of Each Receipt this Period

50.40

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Roosevelt Maske, LUTCF  
Mailing Address 5515 Fairvista Drive

City State Zip Code  
Charlotte NC 28269-0633

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611019

Amount of Each Receipt this Period

23.10

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

178.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Carl James Maus, LUTCF

Mailing Address 432 Fort Saratoga

City

Saint Charles

State

MO

Zip Code

63303-1766

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611921

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Paul J. McGoldrick, CLU, ChFC,

Mailing Address P. O. Box 439  
106 Main St

City

Littleton

State

NH

Zip Code

03561-0439

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: R1612507

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. William K. McGreevy, CLU, LUTCF

Mailing Address 4705 South Lewis Avenue

City

Sioux Falls

State

SD

Zip Code

57103-5413

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 6

Transaction ID: R1612343

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional) .....

550.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Maryam McMillan-Sweet, LUTCF, RFC

Mailing Address 5500 W. Park Road

City State Zip Code  
Hollywood FL 33021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 6

Transaction ID: R1612008

Amount of Each Receipt this Period

500.00

CA

**B.** Full Name (Last, First, Middle Initial)

Mr. Dennis R. Merideth, CLU, ChFC

Mailing Address 6210 N. Camino Pimeria Alta

City State Zip Code  
Tucson AZ 85718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611154

Amount of Each Receipt this Period

66.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. David A. Middaugh, CLU, AEP

Mailing Address 3273 Evergreen Road

City State Zip Code  
Fargo ND 58102-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611919

Amount of Each Receipt this Period

126.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

692.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. James E. Mitchell, LUTCF, CTP

Mailing Address 2209 Ontario

City State Zip Code  
 Bellingham WA 98226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1609638

Amount of Each Receipt this Period

60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Robert J. Morales, LUTCF, CLT

Mailing Address 1125 Wyoming Avenue

City State Zip Code  
 Reno NV 89503-3342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1609529

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Frank R. Nolim, CLU, ChFC,

Mailing Address 2017 Grafton Ave

City State Zip Code  
 Henderson NV 89014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611836

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

180.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Brian E. O'Brien, CLU, ChFC, L  
Mailing Address 1651 Wolf Run Dr.

City State Zip Code  
Richfield WI 53076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1609174

Amount of Each Receipt this Period

51.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James W. Oglesby, LUTCF  
Mailing Address P. O. Box 7156

City State Zip Code  
Asheville NC 28802-7156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611755

Amount of Each Receipt this Period

143.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph S. Pantozzi, CLU, ChFC  
Mailing Address PO Box 95063

City State Zip Code  
Las Vegas NV 89193

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611521

Amount of Each Receipt this Period

60.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

254.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Barton C. Pasco, CLU, ChFC,

Mailing Address 309 Running Cedar Lane

City State Zip Code  
 Richmond VA 23229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611588

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. R. Jan Pinney, CLU, ChFC,

Mailing Address 5152 Ellington Court

City State Zip Code  
 Granite Bay CA 95746-7188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611013

Amount of Each Receipt this Period

208.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. August P. Richter, IV, LUTCF,

Mailing Address 401 Wild Oak Drive

City State Zip Code  
 Manitowoc WI 54220-9054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1609240

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

308.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Robert M. Roach, CLU, ChFC

Mailing Address 1287 Harrison Pond Drive

City State Zip Code  
 New Albany OH 43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611233

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Michael Rosenzweig, CLU, ChFC,

Mailing Address 13 Augusta Lane

City State Zip Code  
 Manhasset NY 11030-3909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 3 / 2 0 0 6

Transaction ID: R1612029

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Daniel L. Rust, LUTCF

Mailing Address 114 W. Arnold

City State Zip Code  
 Bozeman MT 59715-6129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611051

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

415.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 29 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Daniel J. Scholz, CLU, ChFC  
Mailing Address 1510 So. 183 Circle

City State Zip Code  
Omaha NE 68130

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611768

Amount of Each Receipt this Period

62.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Walter J. Scott, CLU  
Mailing Address 1022 WASHINGTON AVE.

City State Zip Code  
OSHKOSH WI 54901-5354

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611180

Amount of Each Receipt this Period

50.40

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jerry S. Shapiro  
Mailing Address 22250 Parched Drive

City State Zip Code  
Calabasas CA 91302

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: R1612325

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional) .....

362.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Darrell W. Shideler  
Mailing Address 1237 Valley Quail Circle

City State Zip Code  
San Jose CA 95120-4143

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 6

Transaction ID: R1612132

Amount of Each Receipt this Period

500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. James John Silbernagel, LUTCF  
Mailing Address W 2329 Capital Drive

City State Zip Code  
Campbellsport WI 53010-3010

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1609754

Amount of Each Receipt this Period

60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ken Simons, CLU, ChFC,  
Mailing Address 808 Thoroughbred Lane

City State Zip Code  
Artesia NM 88210-2232

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.40

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611274

Amount of Each Receipt this Period

50.10

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

610.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Russell A. Smith, CLU, ChFC,

Mailing Address 22928 San Joaquin Drive East

City State Zip Code  
 Canyon Lake CA 92587

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611078

Amount of Each Receipt this Period

208.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. David E. Smithkey, CLU, RFC

Mailing Address 9451 Heddy Drive

City State Zip Code  
 Flushing MI 48433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611098

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Steven M. Springer, LUTCF, CIC

Mailing Address 1670 North 24th. Street

City State Zip Code  
 Ft. Dodge IA 50501-7917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1609625

Amount of Each Receipt this Period

54.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

367.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Nicholas John Stosic

Mailing Address 9820 Dixon Lane

City State Zip Code  
Reno NV 89511-9455

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611675

Amount of Each Receipt this Period

126.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. David L. Stratton, CLU, ChFC,  
Mailing Address 13115 Beach Cir.

City State Zip Code  
Anchorage AK 99515-3748

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611544

Amount of Each Receipt this Period

105.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven M. Stratton, LUTCF, CSA  
Mailing Address 17131 Parkview Dr

City State Zip Code  
Morgan Hill CA 95037-6606

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1609513

Amount of Each Receipt this Period

105.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

336.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Matthew S. Tassey

Mailing Address 5 Reggio Ave.

City State Zip Code  
 Old Orchard Beach ME 04064-2709

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1612005

Amount of Each Receipt this Period

72.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Brad Tison, CLU, ChFC,

Mailing Address 3216 Southern Woods Drive

City State Zip Code  
 Des Moines IA 50321

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R1609059

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Walter C. Trammell, III, LUTC

Mailing Address 101 Banfield Court

City State Zip Code  
 Anderson SC 29621-2486

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 3 / 2 0 0 6

Transaction ID: R1612125

Amount of Each Receipt this Period

50.00

Check

SUBTOTAL of Receipts This Page (optional) .....

172.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. S. Mark Weeks, LUTCF, CLU

Mailing Address 1389 South 500 East

City State Zip Code  
Salt Lake City UT 84105-2043

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y  
04 / 10 / 2006

Transaction ID: R1611763

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Matthew C. Weider, CLU, ChFC

Mailing Address 6855 Compton Heights Circle

City State Zip Code  
Clifton VA 20124

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
04 / 10 / 2006

Transaction ID: R1608821

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Daniel J. Wells, LUTCF

Mailing Address 18830 Los Hermanos Ranch Rd

City State Zip Code  
Valley Center CA 92082-6808

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 10 / 2006

Transaction ID: R1609553

Amount of Each Receipt this Period

42.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

142.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Daniel J. Wells, LUTCF

Mailing Address 18830 Los Hermanos Ranch Rd

City State Zip Code  
Valley Center CA 92082-6808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: R1612322

Amount of Each Receipt this Period

50.00

Credit Card

Full Name (Last, First, Middle Initial)

**B.** Mr. Leroy L. Wilbers, Jr.

Mailing Address 309 Deerfield Pl

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1609709

Amount of Each Receipt this Period

126.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Boyd Lee Williams

Mailing Address 7023 W. Williamette Ave

City State Zip Code  
Kennewick WA 99336-1280

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1609477

Amount of Each Receipt this Period

105.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

281.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Cliff F. Wilson, CLU, ChFC,  
Mailing Address 1458 W. Bahia Court

City State Zip Code  
Gilbert AZ 85233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1609033

Amount of Each Receipt this Period

126.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Larry J. Winkelhake, CLU, ChFC  
Mailing Address 18600 Longview Ct

City State Zip Code  
Brookfield WI 53045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611163

Amount of Each Receipt this Period

90.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward A. Zabielski, Jr.  
Mailing Address 104 Clay Ct.

City State Zip Code  
Landenberg PA 19350

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: R1611980

Amount of Each Receipt this Period

105.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

321.00

**TOTAL** This Period (last page this line number only) .....

11900.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** First Union Bank

Mailing Address One First Union Center

City  
Charlotte

State  
NC

Zip Code  
28288-1164

Purpose of Disbursement  
Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D8713

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	6

Amount of Each Disbursement this Period

392.46

**SUBTOTAL** of Disbursements This Page (optional) .....

392.46

**TOTAL** This Period (last page this line number only) .....

392.46

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Brad Miller Congressional Campaign

Mailing Address PO Box 20307

City Raleigh State NC Zip Code 27619

Purpose of Disbursement  
Contr. Bradley Miller (NC-13-D-US House)

Candidate Name  
Bradley Miller

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 13

Transaction ID: D8677

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Brian Bilbray for Congress

Mailing Address 2466 Unicornio St.

City Carlsbad State CA Zip Code 92009

Purpose of Disbursement  
Contr. Brian Bilbray (CA-50-R-US)

Candidate Name  
Brian Bilbray

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 50

Transaction ID: D8655

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

House-Special)

Full Name (Last, First, Middle Initial)

**C.** Campbell for Congress

Mailing Address 18004 Sky Park Circle, Suite 155

City Irvine State CA Zip Code 92660

Purpose of Disbursement  
Contr. John Campbell (CA-48-R-US)

Candidate Name  
John Campbell

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: D8689

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

House-debt-special primary)

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Campbell for Congress**

Mailing Address 18004 Sky Park Circle, Suite 155

City Irvine State CA Zip Code 92660

Purpose of Disbursement  
Contr. John Campbell (CA-48-R-US)

Candidate Name  
John Campbell

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: D8690

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

House-debt-special genera-  
l)

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris for Congress**

Mailing Address PO Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
Contr. Cathy McMorris (WA-5-R-US House)

Candidate Name  
Cathy McMorris

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 05

Transaction ID: D8691

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Chris Chocola for Congress, Inc.**

Mailing Address PO Box 6728

City South Bend State IN Zip Code 46660

Purpose of Disbursement  
Contr. Christopher Chocola (IN-2-R-US)

Candidate Name  
Christopher Chocola

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: D8671

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

House)

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

## **A.** Citizens for Action

Mailing Address PO Box 1535

City Wilkes-Barre State PA Zip Code 18703

Purpose of Disbursement  
Contr. Citizens for Action PAC (PAC to  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼  
 Annual

State: District:

Transaction ID: D8668

Date of Disbursement

04 / 18 / 2006

Amount of Each Disbursement this Period

5000.00

PAC)

## **B.** Citizens for Gillmor

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 150

City Old Fort State OH Zip Code 44861

Purpose of Disbursement  
Contr. Paul E. Gillmor (OH-5-R-US House)

Candidate Name  
Paul E. Gillmor

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 05

Transaction ID: D8678

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

## **C.** Citizens for Tom Petri

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 270

City Fond Du Lac State WI Zip Code 54936

Purpose of Disbursement  
Contr. Thomas E. Petri (WI-6-R-US House)

Candidate Name  
Thomas E. Petri

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 06

Transaction ID: D8664

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Collins for Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement  
Contr. Susan M. Collins (ME-R-US Senate)

Candidate Name  
Susan M. Collins

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: ME District:

Transaction ID: D8694

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** DAKPAC

Mailing Address 420 C Street, NE/Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contr. DAKPAC (PAC to PAC)

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual

Transaction ID: D8686

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Darlene Hooley for Congress

Mailing Address PO Box 2050

City Salem State OR Zip Code 97308

Purpose of Disbursement  
Contr. Darlene Hooley (OR-5-D-US House)

Candidate Name  
Darlene Hooley

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: D8682

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

4000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

11500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Friends of Dick Lugar Inc.

Mailing Address 47 S Meridian Street/Suite 200

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
Contr. Richard G. Lugar (IN-R-US Senate)

Candidate Name  
Richard G. Lugar

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District:

Transaction ID: D8673

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

4000.00

**B.** Friends of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Contr. John A. Boehner (OH-8-R-US House)

Candidate Name  
John A. Boehner

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 08

Transaction ID: D8669

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

**C.** Friends of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Contr. John A. Boehner (OH-8-R-US House)

Candidate Name  
John A. Boehner

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 08

Transaction ID: D8670

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Geoff Davis for Congress

Mailing Address 3161 Dixie Highway, Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement  
Contr. Geoffrey Davis (KY-4-R-US House)

Candidate Name  
Geoffrey Davis

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: D8681

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Grassley Committee

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement  
Contr. Charles E. Grassley (IA-R-US)

Candidate Name  
Charles E. Grassley

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

Transaction ID: D8672

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

Senate)

Full Name (Last, First, Middle Initial)

**C.** Holden for Congress

Mailing Address 502 Walnut Street

City Reading State PA Zip Code 19601

Purpose of Disbursement  
Contr. Tim Holden (PA-17-D-US House)

Candidate Name  
Tim Holden

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 17

Transaction ID: D8685

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Jim Gerlach for Congress Committee

Mailing Address 911 Welsh Ayres Way

City State Zip Code  
Downingtown PA 19335

Purpose of Disbursement  
Contr. James W. Gerlach (PA-6-R-US)

Candidate Name  
James W. Gerlach

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: D8683

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

**B.** Lincoln Chafee for U.S. Senate

Mailing Address PO Box 7329

City State Zip Code  
Warwick RI

Purpose of Disbursement  
Contr. Lincoln Chafee (RI-R-US Senate)

Candidate Name  
Lincoln Chafee

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District:

Transaction ID: D8693

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** McNulty For Congress

Mailing Address PO Box 1560

City State Zip Code  
Green Island NY 12183

Purpose of Disbursement  
Contr. Michael R. McNulty (NY-21-D-US)

Candidate Name  
Michael R. McNulty

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 21

Transaction ID: D8666

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

1500.00

House)

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mel Watt for Congress Committee

Mailing Address PO Box 36831

City Charlotte State NC Zip Code 28236

Purpose of Disbursement  
Contr. Melvin L. Watt (NC-12-D-US House)

Candidate Name  
Melvin L. Watt

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 12

Transaction ID: D8675

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B.** Mike McIntyre for Congress

Mailing Address P.O. Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement  
Contr. Mike McIntyre (NC-7-D-US House)

Candidate Name  
Mike McIntyre

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 07

Transaction ID: D8674

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** People With Hart

Mailing Address PO Box 435

City Wexford State PA Zip Code 15090

Purpose of Disbursement  
Contr. Melissa A. Hart (PA-4-R-US House)

Candidate Name  
Melissa A. Hart

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: D8661

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Price for Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
Contr. Thomas E. Price, M.D. (GA-6-R-US)

Candidate Name  
Thomas E. Price, M.D.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: GA District: 06

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D8658

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

House)

## **B. Pryce for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contr. Deborah Pryce (OH-15-R-US House)

Candidate Name  
Deborah Pryce

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 15

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D8660

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

2500.00

## **C. Richard E. Neal For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 76 Magnolia Terrace #718

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
Contr. Richard E. Neal (MA-2-D-US House)

Candidate Name  
Richard E. Neal

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 02

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D8665

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Schakowsky for Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement  
Contr. Janice D. Schakowsky (IL-9-D-US)

Candidate Name  
Janice D. Schakowsky

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 09

Transaction ID: D8667

Date of Disbursement

04 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

**B.** Shelley Moore Capito for Congress

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
Contr. Shelley Moore Capito (WV-2-R-US)

Candidate Name  
Shelley Moore Capito

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: D8680

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

**C.** Stephanie Tubbs Jones for US Congress

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement  
Contr.

Candidate Name  
Stephanie Tubbs Jones

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 11

Transaction ID: D8688

Date of Disbursement

04 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Taylor for Congress

Mailing Address PO Box 2355  
22 South Pack Square/Suite 201

City Asheville State NC Zip Code 28802

Purpose of Disbursement  
Contr. Charles H. Taylor (NC-11-R-US)

Candidate Name  
Charles H. Taylor

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: D8676

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

500.00

House)

Full Name (Last, First, Middle Initial)

**B.** Walter Jones Jr. For Congress

Mailing Address P.O. Box 99667

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Contr. Walter B. Jones, Jr. (NC-3-R-US)

Candidate Name  
Walter B. Jones, Jr.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 03

Transaction ID: D8687

Date of Disbursement

04 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

House)

Full Name (Last, First, Middle Initial)

**C.** Westmoreland for Congress

Mailing Address P.O. Box 458

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement  
Contr. Lynn A. Westmoreland (GA-8-R-US)

Candidate Name  
Lynn A. Westmoreland

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 08

Transaction ID: D8692

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

1500.00

House)

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

75500.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Rick Steiman

Mailing Address 7702 E Doubletree Ranch Rd., Suite

City  
Scottsdale

State  
AZ

Zip Code  
85258

Purpose of Disbursement  
Refund to Individual

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D8679

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**SUBTOTAL** of Disbursements This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

50.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 50 / 50

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
 NAIFA

 Nature of Debt (Purpose):  
 Payroll, Benefits, Supplies, Copies, etc

Mailing Address 2901 Telestar Court

 City State ZIP Code  
 Falls Church VA 22042-1205

Outstanding Balance Beginning This Period

24468.13

Transaction ID: DD#7711

Amount Incurred This Period

27500.59

Payment This Period

0.00

Outstanding Balance at Close of This Period

51968.72

1) **SUBTOTALS** This Period This Page (optional)..... ▶

51968.72

2) **TOTALS** This Period (last page this line number only)..... ▶

51968.72

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶